## PART B - FEE(S) TRANSMITTAL

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(Depositor's name) (Date

APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 10/589 511 Shigenori Ozaki 295037US26PCT TITLE OF INVENTION: METHOD FOR CLEANING TREATMENT CHAMBER IN SUBSTRATE TREATING APPARATUS AND METHOD FOR DETECTING ENDPOINT OF CLEANING

SMALL ENTITY APPLN, TYPE ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1510 \$300 50 \$1810 01/18/2011 EXAMINER ART UNIT CLASS-SURCEASS DEO DILY VII NGUVEN 1713 134-001100 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 Oblon, Spivak, the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. McClelland, Majer (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer & Neustadt, L.L.P. Number is required, listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNED

(B) RESIDENCE: (CITY and STATE OR COUNTRY) TOKYO ELECTRON LIMITED

Tokvo, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🔲 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Dublication Fee (No small entity discount permitted) Payment by credit card. Transmitted via-EFS-Web. Advance Order - # of Copies The Director is hereby authorized to charge the required (ee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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